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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on	Shirley		
	your government-issued picture identification (for example, your driver's	First name		First name
	license or passport).	Middle name		Middle name
	Bring your picture	Echols		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	_	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	•		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2054		

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Debtor 1 Shirley Echols

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		921 Lake Street Unit A8			
		Oak Park, IL 60301  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cook			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing	Check one:	Check one:		
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Case 18-25355 Doc 1 Filed 09/08/18 Entered 09/08/18 16:17:30 Desc Main Document Page 3 of 20 Case number (if known) Debtor 1 Shirley Echols Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the Yes. last 8 years? **Northern District of** Illinois, Eastern 2/02/18 Divison 18-030316 District When Case number When District Case number

When

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

■ No

District

☐ Yes.

Debtor Relationship to you

District When Case number, if known

Debtor Relationship to you

District When Case number, if known

Case number

11. Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

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Document Page 4 of 20 Case number (if known) Debtor 1 Shirley Echols Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure Bankruptcy Code and are you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Shirley Echols

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

am not required to receive a briefing about credi
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Shirley Echols		Docum		nber (if known)
Part	6: Answer These Ques	tions for Re	porting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily of individual primarily for a pe	consumer debts? Consumer debts are crsonal, family, or household purpose."	defined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
				business debts? Business debts are del	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or busing	ness debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	er 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and			Do you estimate that after any exempt pavailable to distribute to unsecured credito	roperty is excluded and administrative expenses ors?
	administrative expenses		□ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	□ \$100,0	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	<b>□</b> \$100,0	0,000 01 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
Part	7: Sign Below				
For	you	I have exa	amined this petition, and I de	eclare under penalty of perjury that the inf	formation provided is true and correct.
				7, I am aware that I may proceed, if eligit relief available under each chapter, and	ole, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.
				I not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b).	
		I request i	relief in accordance with the	chapter of title 11, United States Code, s	specified in this petition.
		bankrupto and 3571.	y case can result in fines up		ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Shirley I	ey Echols Echols of Debtor 1	Signature of De	btor 2
		Executed	on September 8, 2018		MM / DD / YYYY

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Bennie	W Fernandez	Date	September 8, 2018
Signature of	Attorney for Debtor		MM / DD / YYYY
	Fernandez		
Printed name			
Fernandez	z & Gray		
Firm name			
108 W. Ma	dison		
2nd Floor			
Oak Park,	IL 60302		
Number, Street,	City, State & ZIP Code		
Contact phone	312-386-1010	Email address	bennie161@sbcglobal.net
Contact priorie	312-300-1010		beiline to t @abcglobal.tlet
0795585 IL	_		
Bar number & S	tate		

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Fill in th	nis information to identify you	r case:				
Debtor 1	Shirley Echols					
	First Name	Middle Name	Last Name		_	
Debtor 2 (Spouse if,		Middle Name	Last Name		_	
	-					
United S	States Bankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS		_	
Case nu	ımber					No act of the factor
(II KIIOWII)					_	Check if this is an Imended filing
						inichaca ming
Officia	al Form 106E/F					
Sched	dule E/F: Creditors \	Who Have Unsecure	d Claims			12/15
Schedule left. Attac name and	D: Creditors Who Have Claims Son th the Continuation Page to this page to the	xpired Leases (Official Form 1066 ecured by Property. If more space age. If you have no information to	is needed, copy	the Part you need, fill i	t out, number the en	tries in the boxes on the
Part 1:	List All of Your PRIORITY U					
_	ny creditors have priority unsecu	red claims against you?				
	lo. Go to Part 2.					
□ Y	es.  List All of Your NONPRIOR	ITV Uncoured Claims				
4. List a	es.  all of your nonpriority unsecured cured claim, list the creditor separate	s part. Submit this form to the court victorial space of the court victori	of the creditor who	holds each claim. If a	t list claims already ind	cluded in Part 1. If more
than Part		, list the other creditors in Part 3.If y	ou have more thar	three nonpriority unsec	ured claims fill out the	Continuation Page of
						Total claim
4.1	Citizens Bank	Last 4 digits of	account number	2202		\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy 443 Jefferson Blvd Ms Rjw Warwick, RI 02886	v-135 When was the d	lebt incurred?	Opened 1/18/11 6/23/14	Last Active	
_	Number Street City State Zlp Code	As of the date y	ou file, the claim	is: Check all that apply		
,	Who incurred the debt? Check on	e.				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and a		IORITY unsecure	d claim:		
	☐ Check if this claim is for a condebt					
	Is the claim subject to offset?	☐ Obligations a report as priority	rising out of a sepa	ration agreement or div	orce that you did not	
	■ No			g plans, and other simila	ar debts	
	☐ Yes	Other. Specif	y Check Cree	dit Or Line Of Cred	dit	
		-1				

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Debtor	1 Shirley Echols			
4.2	Citizens Bank Nonpriority Creditor's Name	Last 4 digits of account number	1461	\$0.00
	1000 Lafayette Blvd Bridgeport, CT 06604	When was the debt incurred?	Opened 2/05/08 Last Active 2/24/12	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	Other. Specify Credit Card		
4.3	Comenity Bank/Ashley Stewart  Nonpriority Creditor's Name	Last 4 digits of account number	6281	\$2,468.00
	Attn: Bankruptcy Po Box 182125	When was the debt incurred?	Opened 05/09 Last Active 11/12/17	
	Columbus, OH 43218  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.4	Comenity Bank/Avenue Nonpriority Creditor's Name	Last 4 digits of account number	9717	\$0.00
	Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 02/92 Last Active 9/13/10	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other Specify Charge Acc	count	

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Debtor 1 Shirley Echols Case number (if know) 4.5 Comenity Bank/Carsons Last 4 digits of account number 6055 \$0.00 Nonpriority Creditor's Name Opened 09/15 Last Active Po Box 182125 When was the debt incurred? 8/12/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.6 Comenity Bank/Harlem Furniture Last 4 digits of account number \$0.00 Nonpriority Creditor's Name Opened 10/13 Last Active Po Box 182125 When was the debt incurred? 3/07/14 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.7 Comenity Bank/Lane Bryant Last 4 digits of account number 8677 \$1.378.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/01 Last Active Po Box 182125 When was the debt incurred? 11/12/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Shirley Echols Case number (if know) 4.8 Comenity Bank/Lane Bryant Last 4 digits of account number 9278 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/01 Last Active Po Box 182125 When was the debt incurred? 10/07 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.9 **Comenity Bank/Lane Bryant** Last 4 digits of account number 8677 Unknown Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/01 Last Active Po Box 182125 When was the debt incurred? 1/11/10 Columbus, OH 43218 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.1 Comenity Capital/mprc 8597 \$710.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 04/05 Last Active Attn: Bankruptcy Po Box 18215 When was the debt incurred? 11/08/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account

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Case number (if know)

Debtor	1 Shirley Echols	Case number (if know)		
4.1	Great American Finance	Last 4 digits of account number	1387	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy 20 N Wacker Dr. Suite 2275 Chicago, IL 60606	When was the debt incurred?	Opened 10/13 Last Active 5/21/15	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Household	Goods	
4.1	Kia Motors Finance Co Nonpriority Creditor's Name	Last 4 digits of account number	8097	\$0.00
	Po Box 20825 Fountain Valley, CA 92728	When was the debt incurred?	Opened 05/11 Last Active 03/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin		
	☐ Yes	Other. Specify Automobile		
4.1	Syncb/care Credit Nonpriority Creditor's Name	Last 4 digits of account number	1503	\$0.00
	C/o Po Box 965036 Orlando, FL 32896	When was the debt incurred?	Opened 11/26/07 Last Active 7/26/10	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	□Yes	■ Other. Specify Charge Acc	count	

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Debtor	1 Shirley Echols	——————————————————————————————————————	Case number (if know)	
4.1	Synchrony Bank/ JC Penneys	Last 4 digits of account number	8915	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 9/05/04 Last Active 7/10/11	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Charge Acc	count	
4.1 5	Synchrony Bank/ JC Penneys Nonpriority Creditor's Name	Last 4 digits of account number	8667	\$6,143.00
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 09/04 Last Active 11/08/17	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	Synchrony Bank/ JC Penneys Nonpriority Creditor's Name	Last 4 digits of account number	8599	Unknown
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 09/04 Last Active 11/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	$\square$ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Charge Acc	count	

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Shirley Echols		Case number (if know)	
Synchrony Bank/Care Credit	Last 4 digits of account number	5853	\$466.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 05/15 Last Active 11/08/17	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	on plans, and other similar debts	
Yes	■ Other. Specify Charge Acc		
Synchrony Bank/Care Credit	Last 4 digits of account number	4592	\$0.00
Nonpriority Creditor's Name	_	One and Al20/44 Leat Active	
Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 4/20/11 Last Active 11/20/12	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	Student loans	and the second and the second	
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Us Bank	Last 4 digits of account number	2022	\$0.00
Nonpriority Creditor's Name	_	On and 104/44   Local Addition	
Po Box 5229 Cincinnati, OH 45201	When was the debt incurred?	Opened 01/11 Last Active 11/04/15	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	Student loans		
Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
□ Yes	■ Other Specify Check Cred	dit Or Line Of Credit	
	- Other Specify		

Official Form 106 E/F

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Document Page 15 of 20 Debtor 1 Shirley Echols Case number (if know)

US Bank/Rms CC	Last 4 digits of account number	8030	\$6,346.00
Nonpriority Creditor's Name	_		
Card Member Services		Opened 09/11 Last Active	
Po Box 108	When was the debt incurred?	10/10/17	
St Louis, MO 63166	_		
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card		

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					_
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				7	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	17,511.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	17,511.00

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Fill in this infor	mation to identify your	case:			
Debtor 1	Shirley Echols				
Dahtar 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an amended filing
Official Forr			Daletania Ca	le a de da a	
Declarat	tion About a	an Individual	Deptor's Sc	nedules	12/15
•	8 U.S.C. §§ 152, 1341, 1 n Below	1519, and 3571.			
Did you pa	y or agree to pay some	eone who is NOT an attor	ney to help you fill out l	bankruptcy forms?	
■ No					
☐ Yes. I	Name of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules file	ed with this declaration	and
X /s/ Shi	rley Echols		X		
Shirley	y Echols re of Debtor 1		Signature of	Debtor 2	
Date :	September 8, 2018		Date		

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

In re	e Shirley Echols		Case No.			
		Debtor(s)	Chapter	13		
	DISCLOSURE OF COMP	ENSATION OF ATTOR	NEY FOR DE	EBTOR(S)		
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the f be rendered on behalf of the debtor(s) in contemplation	iling of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to		
	For legal services, I have agreed to accept		\$	2,500.00		
	Prior to the filing of this statement I have receive			0.00		
				2,500.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed co	mpensation with any other person to	unless they are mem	bers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed compet copy of the agreement, together with a list of the					
5.	n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	<ul><li>a. Analysis of the debtor's financial situation, and res</li><li>b. Preparation and filing of any petition, schedules, s</li><li>c. Representation of the debtor at the meeting of cred</li><li>d. [Other provisions as needed]</li></ul>	tatement of affairs and plan which	may be required;			
6.	By agreement with the debtor(s), the above-disclosed	fee does not include the following	service:			
		CERTIFICATION				
	I certify that the foregoing is a complete statement of bankruptcy proceeding.	any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in		
S	September 8, 2018	/s/ Bennie W Fern	andez			
Date		Bennie W Fernan				
		Signature of Attorne				
		Fernandez & Gray 108 W. Madison				
		2nd Floor				
		Oak Park, IL 6030				
		312-386-1010 Fax				
		bennie161@sbcg	ionai.net			

# **United States Bankruptcy Court**Northern District of Illinois

In re	Shirley Echols		Case No.	
		Debtor(s)	Chapter 13	
	VE	CRIFICATION OF CREDITOR M	MATRIX	
		Number o	f Creditors:	15
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of cred	itors is true and correct to t	the best of my
Date:	September 8, 2018	/s/ Shirley Echols Shirley Echols		

Citizens Bank Attn: Bankruptcy 443 Jefferson Blvd Ms Rjw-135 Warwick, RI 02886

Citizens Bank 1000 Lafayette Blvd Bridgeport, CT 06604

Comenity Bank/Ashley Stewart Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Avenue Po Box 182125 Columbus, OH 43218

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Comenity Bank/Harlem Furniture Po Box 182125 Columbus, OH 43218

Comenity Bank/Lane Bryant Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Capital/mprc Attn: Bankruptcy Po Box 18215 Columbus, OH 43218

Great American Finance Attn: Bankruptcy 20 N Wacker Dr. Suite 2275 Chicago, IL 60606

Kia Motors Finance Co Po Box 20825 Fountain Valley, CA 92728 Syncb/care Credit C/o Po Box 965036 Orlando, FL 32896

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Us Bank Po Box 5229 Cincinnati, OH 45201

US Bank/Rms CC Card Member Services Po Box 108 St Louis, MO 63166